Imaging algorithm in childhood UTI

UTI *1

if clinically clear + known normal urinary tract anatomy => no imaging?
only delayed imaging for scaring in upper UTI?

US + aCDS

if normale US particularly in severe symptoms
no aCDS equivocal *2
clinically upper UTI

Pyo(hydro)nephrosis => nephrostomy
if no response to AB

nephritis *2

aPN/scar/upper UTI

follow-up US?

normal US
clinically cystitis

stop

follow-up US?

normal

acute DMSA

renal MRI?

*1 UTI criteria: urine sample & blood count

*2 DD: Tu /cyst versus abscess, ...
complicated UTI (XPN, Tbc, ..) ⇒ MRI/CT

- follow-up US
- VUR-evaluation
  always in infants, mostly in < 5 y, + recurrent UTI in > 5 y
  VCUG in boys, ee-US in girls (if available)
  - for VUR follow-up
    ee-US or RNC (if available)
- late DMSA or (functional) renal MRI
  after 6 - 12 months
- bladder function studies (> 5 years, urodynamics)

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